



TOWN OF FRAMINGHAM
Department of Public Health
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FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Date completed by operator: _____

Is this a:

- ☐ New establishment (yet to be constructed)?
☐ Conversion of an existing structure to be used as a food establishment?
☐ Remodel of an existing food establishment?
☐ Change of type of food establishment or food operation?

Category:

- ☐ Restaurant
☐ Catering Operation
☐ Catered Feeding Location
☐ Retail/Convenience Store
☐ Daycare
☐ Institution: School, Hospital,
please describe: _____
Other than listed (please describe): _____

ESTABLISHMENT INFORMATION

Name of Corporation, Partnership, Partners, or Individual Owner

Trade Name/Doing Business As (DBA)

Location of Establishment (Street Address)

Mailing Address of Establishment (If Different)

Establishment Email Address

Establishment Phone Number

Establishment Fax Number

Establishment Owned By:

☐ An association ☐ A corporation ☐ An individual ☐ A partnership ☐ Other legal entity

Office Use Only

Date Rec'd. _____
Amt. Paid _____
San Appr. _____
Dir Appr. _____
Permit # _____
Decal # _____
Check # _____

HOURS OF OPERATION

Mon _____ Tues _____ Wed _____ Thurs _____
Fri _____ Sat _____ Sun _____

MAXIMUM MEALS TO BE SERVED

(approximate daily number)

____ Breakfast _____ Lunch _____ Dinner

LIST NAMES (Last, First) of Owner, Partners, or Corporate Officers					
1	Name		Phone Number	Email Address	Title
	Address	Street	City	State	Zip Code
2	Name		Phone Number	Email Address	Title
	Address	Street	City	State	Zip Code
3	Name		Phone Number	Email Address	Title
	Address	Street	City	State	Zip Code
4	Name		Phone Number	Email Address	Title
	Address	Street	City	State	Zip Code

CERTIFIED FOOD MANAGER (attach copy of certificates)				
1	Name		Trained in Food Allergy Awareness?	Yes: No:
	# of hours worked per week		Trained in Anti-Choking Procedures?	Yes: No:

PERSON IN CHARGE AND ALTERNATES (People Responsible for Daily Activities)					
1	Name		Phone Number	Email Address	Title
	Address	Street	City	State/Zip Code	# of hours worked per week
2	Name		Phone Number	Email Address	Title
	Address	Street	City	State/Zip Code	# of hours worked per week

DISTRICT OR REGIONAL SUPERVISOR (If Applicable)					
2	Name		Phone Number	Email Address	Title
	Address	Street	City	State	Zip Code

TYPE OF FOOD SERVICE (Check all that apply)					
<input type="checkbox"/>	Sit down meals	<input type="checkbox"/>	Take out	<input type="checkbox"/>	Caterer
<input type="checkbox"/>	Mobile Vendor	<input type="checkbox"/>	Other, please describe _____		

OTHER ESTABLISHMENT INFORMATION	
Number of seats available to customers:	
Number of floors on which food is prepared, served or stored:	
Total square feet of the facility:	
Will the facility be serving food to a highly susceptible population? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Projected date for start of project:	
Projected date for completion of project:	

INTRODUCTION

This food establishment Plan Review document has been developed for the purpose of assisting the food establishment operator in planning, designing and building a facility that will satisfy state and local Health Code requirements, be a safe environment for food, staff and customers, and also be of an efficient, effective design that will meet the operators business needs. A thorough review of plans helps to avoid future problems. Listing and locating equipment on floor plans and diagramming specifications for electrical, mechanical and plumbing systems can identify potential problems while on paper BEFORE costly purchases, installation and construction have been completed. This guidance document is not intended to address all of the requirements for the approval of a food service establishment, but instead is meant to highlight some of the most common sanitation and health issues that may arise in development and design. The Food and Drug Administration (FDA) 1999 Food Code (adopted by the Commonwealth of Massachusetts in 2000) is used as a reference in completing this guide. Each food establishment is required to have available a current copy of the FDA 1999 Food Code and the Commonwealth of Massachusetts Sanitary Code Article X, 105 CMR 590.000. Copies can be obtained through the State Bookstore at (617) 727-2834 or at www.state.ma.us/sec. The Board of Health has 30 days to review this application.

Reminder: The applicant for a food permit must ultimately satisfy not only these Board of Health requirements, but also must meet with additional town officials and/or departments and satisfy the requirements of the Building Code, Electrical Code, Plumbing Code, Fire Code, etc. It is the responsibility of the applicant to determine what additional approvals or permits are necessary.

Documents to be submitted by the Applicant- 2 copies of each

_____ A copy of a current (within the past five years) Food Manager Certification from a Massachusetts approved program for at least one individual over the age of 18, who will be a full time equivalent on-site manager or supervisor in the proposed establishment.

_____ A copy of a current (within the past five years) Allergen Certification (for establishments selling food intended for immediate consumption on or off the premises) from a Massachusetts approved program for at least one individual over the age of 18, who will be a full time equivalent on-site manager or supervisor in the proposed establishment.

_____ A copy of a current Anti-Choking Certification (for establishments serving food with 25 seats or more) from a Massachusetts approved program.

_____ Proposed menu(s) including seasonal, off-site, take-out and catering menus. Retail establishments without menus, provide a list of foods sold by category (ex. bottled beverages, grocery item, packaged potentially hazardous foods)

_____ Site plan showing location of business in building; location of building on-site including alleys, streets; and location of any outside equipment (dumpsters, grease barrels) and, if applicable, well and septic system. If required by the Health Office or Utilities Department, include the location, size and specifications for the proposed exterior grease trap.

_____ Floor plans (that are a minimum of 11 x 14 inches in size) accurately drawn to a minimum scale of 1/4 inch = 1 foot showing each area where food or beverages are stored, prepared or served. Each piece of food equipment intended for use must be represented, to scale, in its intended location on the plan. Each

piece of equipment must be sequentially numbered and these numbers are to correspond to an accompanying "Food Equipment Schedule" (see below). Drawings must also indicate location and number of all sinks including designated "hand washing only" sinks, food preparation sinks, warewashing sinks and "mop"/wastewater sinks, loading and receiving areas, entrances and exits, dressing rooms, locker areas, employee rest areas, and designated areas for storing chemicals and paper products.

_____ Food Equipment Schedule - A numbered list of each piece of equipment proposed for use in the food establishment that includes a brief description, make and model numbers. The numbers assigned on the schedule will correspond to numbered equipment drawn on the floor plans. Include beverage dispensers, coffee makers, rapid cooling or hot holding equipment and cash registers.

_____ Manufacturers specification sheets for each piece of equipment shown on the plan. Note: All food handling equipment must be of durable construction, made of food grade materials, and certified for sanitary design by an ANSI accredited certification program, typically National Sanitation Foundation (NSF), or by Underwriters Laboratory, (UL).

_____ If requested by this office, include overlay drawings for the plumbing details including location, size and type of wastes(direct or indirect), floor drains, floor sinks, backflow prevention devices, potable and non-potable water lines, waste-water lines, hot water generating equipment, hot water boosters, and grease containment/capture systems and gas supply lines.

_____ If this establishment is/will be serviced by a public or private well, submit a copy of current water quality test results and documentation showing the well was approved by the required state or local department or that an application for approval was submitted.

_____ If requested by this office, include overlay drawings for the electrical details including location of electrical supply panels and generator, if any.

_____ A copy of a Hazard Analysis Critical Control Point (HACCP) Plan, if applicable, describing policies, procedures, employee training, documentation, etc. to ensure safe handling of high risk foods or processes as described in the 1999 FDA Food Code and/or 105 CMR 590.000. Please read below.

HACCP AND VARIANCE REQUIREMENTS

Specialized Processes present a significant health risk if not conducted under strict operational procedures. HACCP plans and modified HACCP plans are implemented to eliminate or significantly reduce targeted hazards that may contribute to foodborne illness.

SPECIALIZED PROCESSES REQUIRING A HACCP PLAN AND BOARD OF HEALTH VARIANCE

- Using food additives or adding components such as vinegar as a method of food preservation or to render a food so that it is not potentially hazardous (ex. acidified rice)
- Use of unpasteurized shell eggs in Highly Susceptible Population operations to prepare food in quantities other than single serving portions. (ex. fresh eggs to prepare scrambled eggs)
- Packing food using reduced Oxygen Packaging (ROP) except where a barrier to Clostridium botulinum in addition to refrigeration exists (ex. cryovac, cook-chill, sous vide)
- Custom processing animals in a food establishment that are for personal use as food and not for sale or service in a food establishment. (ex. deer hunters)
- Custom processing of aquatic animals for sale (ex. frogs)
- Smoking or Curing food as a method of food preservation rather than flavor enhancement.

OPERATION REQUIRING A MODIFIED HACCP PLAN AND BOARD OF HEALTH VARIANCE

- Using time only, rather than time in conjunction with temperature, as a public health control for a working supply of potentially hazardous food before cooking, or for ready to eat potentially hazardous food before cooking, or ready to eat potentially hazardous food that is displayed or held for service for immediate consumption.

If you intend to conduct any of the above mentioned specialized processes or operations in your establishment, please contact the Health Office at 978-356-6606 for additional information.

Food Handling Procedures

NOTE: Each food service operation will have different considerations: i.e., Will foods need to be thawed prior to cooking? Will foods be cooked and immediately served, or will they be prepared in advance requiring cooling? Will foods require reheating, hot holding or cold holding prior to service? In addition, how frequently supplies will be delivered is an important factor in determining the amount of refrigerated, frozen and dry food storage space required. High volume operations with extended hours of operation or those that prepare foods "from scratch" may require increased equipment capacity and storage space.

ANSWER THE FOLLOWING QUESTIONS

FOOD SUPPLIES

Note: All food supplies must come from state or federally inspected, approved and licensed food processors, manufacturers and/or distributors.

What are the projected frequencies of deliveries for:

frozen foods _____

refrigerated foods _____

dry goods _____

Provide information on the TOTAL amount of space (in cubic feet) allocated for:

frozen storage _____

refrigerated storage _____

dry storage _____

Describe how dry goods in storage will be protected from contamination, moisture and pests.

COLD STORAGE

Note: Adequate and approved freezer and refrigeration must be available to maintain frozen foods frozen and refrigerated foods at 41°F or below. Each storage or display refrigerator and freezer holding Potentially Hazardous Food (PHF) must be equipped with a working and accurate thermometer.

If raw meats, poultry and seafood are stored in the same refrigerators with cooked/ready-to-eat foods, how will cross-contamination be prevented?

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD (PHF)

Please indicate how you plan to thaw the (PHF) items on your proposed menu. More than one method may apply. Also, indicate as appropriate, where thawing will take place.

THAWING METHOD	LARGE OR BULK FROZEN FOODS	PORTIONED FROZEN FOODS
Under Refrigeration		
Running Water, Less than 70°F		
Microwave (as part of cooking process)		
Cooked from frozen state		
Other (describe)		

FOOD PREPARATION

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and served.

Category	YES	NO
Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets)		
Thick Meats (roast beef, whole turkey, chicken, hams)		
Cold processed foods (salads, sandwiches, vegetables)		
Hot processed foods (soups, stews, rice/noodles, gravy, pizza, casseroles)		
Bakery goods (pies, custards, cream fillings & toppings)		
Other		

Please list all food items that will be prepared more than 12 hours in advance of service.

Describe the procedures used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F - 140°F) during preparation.

Where raw meats, poultry and seafood are prepared in the same work areas or using the same equipment as cooked/ready-to-eat foods, how will cross-contamination be prevented?

Is ice made on premises ☐ or purchased commercially ☐ ?

If made on premise, are specifications for the ice machine provided? YES ☐ NO ☐

Describe provision for ice scoop storage: _____

If ice will be made on premises and bagged for resale, please describe the location of ice maker, bagging operation and holding equipment:

COOKING

Note: Minimum FDA Food Code cooking time and temperatures of product utilizing convection and conduction heating equipment are as follows:

- | | |
|---|------------------------------------|
| ▪ beef roasts | 130°F (121 min) or 145° F (15 sec) |
| ▪ solid seafood pieces | 145°F (15 sec) |
| ▪ other PHFs | 145°F (15 sec) |
| ▪ eggs or items made with eggs | 145°F (15 sec) |
| ▪ pork/lamb/veal, roasts, steaks, chops | 145°F (15 sec) |
| ▪ chopped/ground meats/fish | 155°F (15 sec) |
| ▪ all poultry items | 165°F (15 sec) |
| ▪ stuffed meat or pasta or stuffing | 165°F (15 sec) |
| ▪ any microwaved PHFs | 165°F (15 sec) |

Food product thermometers must be used to measure final cooking/reheating temperatures.
What type of temperature measuring device are you planning on using?

CONSUMER ADVISORY REQUIREMENTS

Refer to your menu and list items that will/may be raw, undercooked (not cooked to the above listed minimum temperatures) or not otherwise processed to eliminate pathogens. Also list Ready-To-Eat foods that will/may contain raw or undercooked ingredients (e.g., Caesar dressing, hollandaise sauce, burgers, eggs, drinks/desserts containing raw egg white).

These foods must be properly identified on your menu as raw or undercooked or as containing raw or undercooked ingredients, and the approved **Consumer Advisory** statement must be plainly printed on your menu(s) and/or menu board warning customers of the increased risk of illness with eating raw or undercooked animal foods. Text size for statements on hand-held menus or table tents is to be visually equivalent to a minimum of 11 point. For statements on a placard, the statements are to be equally readable as menu items that are on the placard. Whether the placard is also a menu or it is used solely for the reminder, the text size must be readable from the point at which consumers would normally stand to read it.

Consumer Advisory Example:

(1) identify menu items containing raw or undercooked animal proteins with asterisk(*)

- *Tuna Roll
- California Roll
- *Grilled salmon
- Cheese Pizza
- Salad with your choice of grilled chicken or *steak tips

(2) define what the asterisk means:

*These menu items are served raw or undercooked, or contain raw or undercooked ingredients

(3) statement reminding consumers of the risks associated with raw or undercooked animal foods

*Consuming raw or undercooked meats, poultry, seafood, shellfish, and eggs may increase your risk of foodborne illness.

HOT/COLD HOLDING

How will hot PHF's be maintained at 140°F or above when on display or during holding for service?
Indicate type and number of hot holding units.

How will cold PHFs be maintained at 41°F or below when on display or during holding for service?
Indicate type and number of cold holding units.

REHEATING

How will PHFs that are cooked and cooled be rapidly reheated so that all parts of the food reach a temperature of at least 165° F within two hours? Indicate type and number of units used for reheating foods.

SERVING

If there are any customer self service areas/stations, please describe how foods and utensils will be protected from contamination by the customer.

COOLING

Note: Improper cooling of foods is indicated as the NUMBER ONE CAUSE of Foodborne Illnesses. Please indicate by checking the appropriate boxes how PHF's will be cooled to 41°F within 6 hours, 140°F to 70°F in 2 hours and 70°F to 41°F in 4 hours.

COOLING METHOD	THICK MEATS More than 1" thick	THIN MEATS One inch or less	THIN SOUP/ GRAVY	THICK SOUP/ GRAVY/ CHILI	RICE/ NOODLES/ CASSEROLES/ LEFTOVERS
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Blast Chill					
Other Methods (describe)					

EMPLOYEE CONSIDERATIONS

Number of Staff (maximum per shift): _____

Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? YES ☐ NO ☐

How will food employees be trained in food sanitation practices? Please describe method of training:

Food employees and applicants who have received a conditional offer of employment are required to notify management when they are experiencing symptoms of or diagnosed with an illness that can be spread through food. Employers must determine what actions are to be taken in accordance with 590.003 (D) and FC 2-201.12 Exclusions and Restrictions. A written policy to exclude or restrict food workers who are sick or have infected cuts and lesions is required. Please describe briefly or submit policy:

Are dressing rooms provided? YES ☐ NO ☐

Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)

HANDWASHING/TOILET FACILITIES

Note: Hand washing sinks must be dedicated to that use only, and designated with signage, e.g., "Handwashing Only"

Are handwashing sinks in each food preparation and warewashing area? YES ☐ NO ☐

Are splash guards provided, when appropriate? YES ☐ NO ☐

Do all handwashing sinks, including those in the restrooms, have hot and cold water under pressure with a mixing valve or combination faucet? YES ☐ NO ☐

Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES ☐ NO ☐

Is hand soap available at all handwashing sinks? YES ☐ NO ☐

Are disposable paper towels or air blowers available at all handwashing sinks? YES ☐ NO ☐

Are covered waste receptacles available in each restroom? YES ☐ NO ☐

Is an employee handwashing reminder sign posted in each restroom? YES ☐ NO ☐

Are all toilet room doors self-closing? YES ☐ NO ☐

Are all toilet rooms equipped with ventilation to the outside? YES ☐ NO ☐

SINKS

Is a mop sink present? YES ☐ NO ☐

Please describe where you would hang wet mops and other like equipment:

If the menu dictates, is a food preparation sink present? YES ☐ NO ☐

WAREWASHING FACILITIES

Will sinks and a dish machine be used for washing dishes, utensils, etc.?

- ☐ Three compartment sink
- ☐ Combination of dish machine and sink

If Dish machine: Indicate the type of sanitization method used:

- ☐ "High Temperature" (hot water with booster heater for final rinse)
- ☐ "Low Temperature" (chemical type, sanitizer added to final rinse)

Do all dish machines have temperature/pressure gauges as required that are accurately working?
YES ☐ NO ☐

Is ventilation for dish machine provided? YES ☐ NO ☐

Does the largest pot or pan used fit into each compartment of the three compartment sink used for sanitizing pots, utensils, etc.? YES ☐ NO ☐

Are there drain boards on both ends of the warewashing sink? YES ☐ NO ☐

What type of sanitizer is used in the sanitizing compartment?

- ☐ Chlorine
- ☐ Iodine
- ☐ Quaternary ammonium
- ☐ Hot Water - must be designed with an integral heating device

Are test papers/kits available for checking sanitizer concentration? YES ☐ NO ☐

Where will the clean and sanitized items be stored?

Please describe the procedure for manual cleaning and sanitizing of oversized or “clean-in-place” (CIP) equipment, slicers, mixers, etc. and any CIP dispensing equipment?

EQUIPMENT INSTALLATION

Note: Food Service equipment must be located and installed in such a way as to facilitate ease of routine cleaning. Food preparation/work tables and sinks should be installed with back splashes and/or sealed to the wall, or set-off the wall with adequate space between for cleaning, or movable. Heavy cooking equipment must either be installed leaving space for easy access for cleaning under and behind and between pieces or be mounted on casters and with “Quick-Disconnects” to utility lines to allow for movement.

FINISH SCHEDULE

Note: Materials selected for floors, walls and ceilings must be durable and appropriate to the area and its intended use. For high moisture work areas or where there may be food splash, the surfaces must be non-absorbent, smooth and easily cleanable. Installed materials must be tight fitting and properly sealed with no voids that might collect debris and/or harbor pests. Applicant must indicate which materials will be used in the following areas, i.e. sealed cement, quarry tile, 4" plastic coved molding, stainless steel, dry wall, Fiberglass Reinforced Polyester (FRP), vinyl faced panels, etc.

	Floors	Walls	Ceilings	Floor/Wall Joint
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Warewashing Area				
Walk-in Refrigerators and Freezers				

INSECT AND RODENT CONTROL

Will all outside doors be self-closing and rodent proof? YES ☐ NO ☐ NA ☐

Are screen doors provided on all entrances left open to the outside? YES ☐ NO ☐ NA ☐

Do all windows, capable of being opened, have minimum #16 mesh screening? YES ☐ NO ☐ NA ☐

Is the placement of electrocution devices identified on the plan? YES ☐ NO ☐ NA ☐

Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?
YES ☐ NO ☐ NA ☐

Is area around building clear of unnecessary brush, litter, boxes and other harborage?
YES ☐ NO ☐ NA ☐

Will air curtains be used? YES ☐ NO ☐ NA ☐

If yes, where? _____

Do you now have, or plan to have a contract with a pest control operator? YES ☐ NO ☐

If yes, please list their contact information:

What will the frequency of inspections/treatments be? _____

REFUSE

Do all receptacles have lids? YES ☐ NO ☐ NA ☐

Will refuse be stored inside? YES ☐ NO ☐ NA ☐

If so, where? _____

Is there an area designated for receptacle or floor mat cleaning? YES ☐ NO ☐ NA ☐

If so, where? _____

Is there a designated area to store returnable damaged goods or out of code items? YES ☐ NO ☐ NA ☐

Please describe the location(s)

Will a dumpster be used? YES ☐ NO ☐ NA ☐

Number _____ Size _____ Frequency of pickup _____ Contractor _____

Will a compactor be used? YES ☐ NO ☐ NA ☐

Number _____ Size _____ Frequency of pickup _____ Contractor _____

Will garbage receptacles be stored outside? YES ☐ NO ☐ NA ☐

Describe surface and location where dumpster/compactor/garbage cans are to be stored

Describe location of grease storage receptacle

Is there an area to store recycled containers? YES ☐ NO ☐ NA ☐

Describe

Indicate what materials will be recycled:

☐ Glass ☐ Cardboard ☐ Plastic ☐ Paper ☐ Metal

PLUMBING CONNECTIONS

Note: The FDA Food Code plumbing requirements do not replace or supercede the State Plumbing Code, instead it highlights potential hazardous circumstances and particular types of equipment common to food service operations that, through improper design or installation, could result in contamination of either sanitary food vessels or of the potable water supply.

Indicate below that the proposed equipment in your establishment will be properly installed

Equipment	Code Requirement(s)	Confirmed by Operator (Please initial)	Describe / Comments
Dish machine	Backflow prevention device		
	Indirect waste or direct waste through floor drain		
Potato peeler	Backflow prevention device		
Steam jacketed kettle	Backflow prevention device		
	Indirect waste		
Steamer	Backflow prevention device		
	Indirect waste		
Combi Oven	Backflow prevention device		
	Indirect waste		
Submerged water inlets in garbage disposals, or dish table troughs	Backflow prevention device		
At all hose connections	Backflow prevention device		
Garbage can	Washer Backflow prevention device		
Carbonated beverage dispenser	Carbonator backflow prevention device		
Refrigerator condensate / drain lines	Indirect waste		
Ice machine or ice storage bins	Indirect waste		
All sinks	Air gap		
Ice cream dipper wells	Air gap		
Other	Describe		

WATER SUPPLY

Note: It is essential that sufficient potable water, at appropriate temperatures, under pressure be available at all times, including at peak demand periods.

What is the capacity and recovery rate of the hot water generator?

Is the hot water generator sufficient for the needs of the establishment?

Is there a water treatment device or a "Misting System" for produce?
If yes, how will the device be inspected & serviced?

YES ☐ NO ☐

Is the establishment to be serviced by town water ☐ or a private or public well ☐.

SEWAGE DISPOSAL

Is the establishment to be serviced by municipal sewer ☐ or an on-site septic system ☐.

If on-site septic system, is it approved for proposed use?

YES ☐ NO ☐ PENDING ☐

GREASE TRAPS

Provide the make and model of the exterior/interior grease traps.

Provide the service contractor name, address and phone number and a copy of the contract.

VENTILATION

Note: Ventilation systems must be correctly designed sized and installed to both satisfy the Fire Code requirements and to meet the specific needs of the operation and equipment selected in order to properly control/remove heat, humidity, odors, smoke and grease laden air. Indicate below all areas where exhaust hoods are installed:

Location	Filters and/or extraction devices	Square feet	Fire protection	Air capacity (cubic feet per minute)	Air makeup (cubic feet per minute)

How is each ventilation hood, listed above, system cleaned? Please indicate frequency of cleaning.

TOXIC MATERIALS

All poisonous or toxic materials to be used in the establishment (ex. pesticides, cleaners, sanitizers, solvents, personal medications, etc.) must be stored in a manner so they cannot contaminate food, equipment, utensils, single service or single use articles.

Please describe how you will do this.

Are all containers of toxics including sanitizing spray bottles clearly labeled? YES ☐ NO ☐

Where will Safety Data Sheets (SDS's) be displayed?

LAUNDRY

Will linens, towels, uniforms, etc. be laundered on site? YES ☐ NO ☐

If yes, what will be laundered and where?

Is a laundry dryer available? YES ☐ NO ☐

If yes, will the dryer be vented to the outside? YES ☐ NO ☐

Location of clean linen storage:

Location of dirty linen storage:

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Director of Public Health may nullify final approval.

Signature(s) of owner(s) or responsible representative(s)

Print name(s) of owner(s) or responsible representative(s)

Date: _____

Approval of these plans and specifications by the Director of Public Health does not constitute endorsement of acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if the establishment complies with the local and state laws governing food establishments.

Approval of these plans and specifications by the Director of Public Health does not indicate compliance with any other federal, state, or local code, law or regulation that may be required.

Updated 4.12.2016